NEWSLETTER

DIVISION OF CLINICAL PSYCHOLOGY

OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

WINTER, 1961 VOL. 14, NO. 1

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THREE IMPORTANT MATTERS REQUIRE THE URGENT ATTENTION OF ALL DIVISION MEMBERS

1. Two proposed by-law changes.
2. A questionnaire in which the members will indicate the kind of executive re-organization they are willing to support.
3. Nominations for officers for the coming year.

All of these matters are included on *one* tear-out sheet in this edition of the *Newsletter*. We are making a special point of urging you to take time from your schedules to make the decisions that will help shape the character and form of the Division in the years ahead. MAIL YOUR COMPLETED SHEET TO THE SECRETARY-TREASURER TODAY.

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Clinical Psychology--1960

Report of Survey Findings

E. LOWELL KELLY, *Past-President*

(Following the extended discussion of appropriate classes of membership and standards at the 1959 Annual Meeting, the Executive Committee authorized a division-wide membership survey. A four page questionnaire was distributed to all members with the Spring 1960 *Newsletter*. The findings were used by Past-President E. Lowell Kelly as the basis for his address to the Division in September, 1960. For those who did not get to the Chicago meetings and for those interested in more details than he could present orally, Dr. Kelly has prepared this report of the survey findings and his comments on them.)

THE SAMPLE

The questionnaire was sent to the 2,372 members of the Division. It was returned by 1,024, a return of 43%, without follow-up. (A similar membership survey by Division 17 yielded an 84% return.)

How representative was the sample of the Division as a whole? To answer this question we turned to the 1960 APA Directory and made a tabulation of data available for every fifth Fellow of Division 12 and for every 10th Member. Comparison of the resulting distributions for these random samples and for the survey samples reveals the following biases in our sample: *Sex*: there was some tendency for a higher proportion of our male members to respond than females. About a quarter of the Divisional membership is female whereas only a sixth of the survey sample is female. *Age*: our sample is slightly biased toward younger members especially among the Fellows. *Highest Degree*: our sample is essentially unbiased for the Fellows but among the Members there was a definite tendency for a higher proportion of Ph.D.'s than M.A.'s to reply. *ABEPP Status*: our survey sample contains slightly more Diplomates than the Division as a whole. *Multiple Division Membership*: with respect to this characteristic we find the survey sample completely representative both

for Fellows and Members. While we will never know the opinions of the 57% of the Division's members who did not choose to return the questionnaire, I think it is a fairly safe conclusion that those who did respond are reasonably representative of that segment of our group which has real concern for the affairs of the Division.

In interpreting the findings to be reported, readers are reminded of the fact that, while the survey results tell us a great deal about those clinical psychologists affiliated with Division 12, they say nothing about clinical psychology as practiced by thousands of APA members who have not chosen to affiliate with this Division. A careful study of the 1960 APA Directory indicates that only about one out of three APA members now functioning as clinicians belong to this Division.* What of the other 5,000? I have no basis for estimating the number of these individuals who are qualified for Division 12 membership but I would guess at least half of them may be. In any event, it must be emphasized that clinical psychology as of 1960 is much bigger and more encompassing than Division 12. It is for this reason that much of the efforts of the APA Board of Directors, and especially the efforts of the Board of Professional Affairs and its committees, have been and are concerned with training, standards for practice, legislation, inter-professional relations and other issues which emerged primarily as the result of the rapid development and growth of clinical psychology. Division 12 was either not sufficiently representative of the field or it was not organized in a manner to permit it to play a primary role in any of these important professional activities.

If I may be permitted to hazard a diagnostic guess, I would say that much of the discontent regarding the affairs of this Division grows out of a sense of frustration on the part of members who feel that the Division has not assumed a leadership role in these larger professional developments. The deep concern expressed at the 1959 membership meeting regarding classes of membership and standards of membership indicated that a broad segment of our membership at least wished this Division to serve primarily as an organization to certify clinical competence and to promote professional goals. Another sizeable segment of our membership seemed to feel that these were more appropriate functions of ABEPP, the state associations, or the APA as a whole.

WHO ARE WE?

Like most other divisions of APA, Division 12 has two classes of members, approximately three out of every ten persons affiliated with the Division are Fellows and seven are Members. The Fellows tend to be about 14 years older with a median age of 53.7 as contrasted with the median of 39.4 for the Members; 95% of our Fellows have been trained to the doctorate as compared with 73% of our Members. Three out of four Fellows have been awarded the ABEPP Diploma as contrasted with only one out of eight of our Members. With respect to certification or licensing, 75% of both Fellows and Members are certified or licensed in at least one state and about one in ten in two or more states. (This figure includes informal certification by state associations.)

*Readers are reminded that only 40% of APA members affiliate with any division. Cf. Report of Executive Secretary (F. Sanford), *Amer. Psychol.*, 1955, *10*, 778-792.

About half of all persons affiliated with Division 12 are members of at least one other APA division. Approximately one out of three of these persons holding multiple divisional membership is a member of Division 8, Personality and Social. Another third of those with multiple divisional memberships are about equally likely to be found associated with Division 13, Consulting; 17, Counseling; or 18, Public Service.While all APA divisions are represented, our members are least likely to be found affiliated with Division 1, General; 3, Experimental; 10, Esthetics; 15, Educational; and 21, Engineering Psychology. Those holding memberships in other divisions tend to regard Division 12 as their primary affiliation; in answer to the question, "if you could belong to only one APA division," three out of four indicated they would choose Division 12.

Although many members of Division 12 are not typically "joiners" of any other APA divisions, they do tend to be joiners as far as other professional organizations go. Only one out of 25 respondents belongs only to the APA and to Division 12; 50% report belonging to at least four additional professional organizations: 93% to their state psychological association, 67% to their regional psychological association, about 50% to a city or county psychological group. About 1/5 are associated with the Society for Projective Techniques, 1/7 with the American Orthopsychiatric Association. Nearly 1/3 indicate membership in still some other professional group. In reply to the question "of these several organizations to which you belong (including Division 12) which offers you the most and which the least of what you want from a professional organization?", Division 12 was selected by exactly 25% of the members as an organization most nearly fulfilling their needs. Lest this seem low it should be noted that it was exceeded only by the state psychological association checked as first choice by 30% and is to be contrasted with 11% for the city or county psychological group, 8% for regional psychological association, 6% for Ortho, 1% for such other organizations as checked by the individual respondent. These other organizations, often felt to be the respondent's primary affiliation, included: American Group Psychotherapy Association, Council for Psychoanalytic Psychologists, American Academy of Psychotherapists, American Academy for Religious and Mental Health, National Vocational Guidance Association, National Rehabilitation Association, Society for Research on Child Development, American Association for Mental Deficiency, International Society for Clinical and Experimental Hypnosis, State Civil Service Groups, AAAS, American Public Health Association, and Psychonomics.

Training of Members

As noted a very high proportion of the members of the Division hold a doctoral degree. In the vast majority of cases, this is the Ph.D., only about 2% of our members hold the Ed.D. degree. Although homogeneous with respect to the degree held, affiliates of Division 12 are extremely heterogeneous with respect to the time at which they received their training and the institution at which the training was received. The modal Fellow of the Division received his doctorate in 1943 whereas the modal Member received his doctorate, nine years later, in 1952. Approximately a quarter of all Members of the Division

received their degree since 1955 whereas a quarter of the Fellows received theirs before 1937.

Dgree Granting Institutions

From what university did our members obtain their highest degree? Respondents listed a toal of 103 institutions! Thirty-three of these 103 institutions granted the degree to but one of our respondents; nine others granted degrees to only two of them. At the other end of the scale two institutions, New York University and Columbia (including Teachers College), each contributed more than 10% of our membership. Ten institutions were the source of training for half of our membership. In addition to New York University and Columbia, the "big ten" includes Ohio State, 5%; University of Chicago, 4½%; UCLA, 3½%; Iowa, 3.3%; Michigan, Minnesota, and USC each with about 3%; and Western Reserve with 2½%. In order to identify the training institutions of the next 25% of our membership an additional dozen institutions each contributing 1½ to 2.2% of the degrees must be included. These in order are Pennsylvania, Pittsburgh, Stanford, Boston, Northwestern, Pennsylvania State, Texas, Illinois, Purdue, California, Kansas and Yale. The remaining quarter of our members were trained in 80 different institutions! I shall not list all of them; however, the 26 additional institutions contributing degrees to at least .5% of our members, in descending order, are: Harvard,Washington, St. Louis, Denver, Indiana, Duke, Houston, Michigan State, Clark, Fordham, Kentucky, Nebraska, Syracuse, Tennessee, Cornell, Wisconsin, Adelphi, Catholic, Colorado, Rochester, Vienna, Washington, Cincinnati, CCNY, Connecticut, Florida State and Yeshiva. Of the remaining 55 institutions, each were responsible for the highest degree of one to four of our 1,024 respondents.

ABEPP Status

Roughly three out of four of the Fellows of Division 12 hold the ABEPP diploma, these are predominantly in clinical psychology with only a very occasional member holding the diploma in Counseling or Industrial. An additional 7% of Fellows report they are either in process of acquiring the diploma or plan to take the ABEPP examinations. This leaves only one out of six of our Fellows who do not hold the diploma or plan to acquire it. By contrast, only one out of six of our Members now holds the diploma, one in ten is in the process of acquiring it, and four in ten look forward to qualifying at a later date. This leaves approximately one third of the Members of the Division (231 of the 724 respondents) who do not now have the ABEPP Diploma or any plans for qualifying. This group of 231 is predominantly engaged in clinical practice and over half of them are in full or part time private practice. From one of the letters in the Summer issue of the *Newsletter*. I learned that ABEPP is conducting a survey which may indicate the basis of reluctance of so many younger members of the Division to seek ABEPP certification. Our own only suggests that the answer lies in a feeling on the part of many of our members that ABEPP (like Division 12) is too much concerned with theory, research, and other matters which have little relevance to actual clinical practice. An extremely negative position was expressed by one respondent who said, "Inasmuch as there is so little in the field worth congealing, ABEPP serves only the purpose of snobbery and incestuous imposition of arbitrary standards—the whole movement is premature."

WHERE DO CLINICAL PSYCHOLOGISTS WORK, WHAT DO THEY DO AND WHAT KIND OF CLIENTS DO THEY SERVE?

Number of Positions Held

Because it was anticipated that many if not most clinical psychologists hold two or more paid positions, this part of the questionnaire began with the question, "How many different remunerative positions do you hold?" Our hunch was correct! Approximately one third of all respondents indicated two paid positions, more than a fifth hold three paid positions, and one out of every ten receives income from four or more paid positions. Less than a third of our membership report but a single source of professional income!

Income

Those of us responsible for the design of the questionnaire felt that this would be an interesting bit of information, and since in terms of our thinking the questionnaire was entirely anonymous, it seemed appropriate to include a question on professional income. Eleven per cent of the Fellow respondents and 4% of the Member respondents omitted to answer the question about income, apparently regarding it as an inappropriate question or concerned that in some way the income reported might be identified with them as individuals. Now I'm free to admit that the questionnaire called for a sufficient amount of identifying data to permit a really curious investigator to identify most respondents by name, *providing he had enough time to summarize the cues and then check through the APA Directory until he found an individual that matched them!* I had neither the curiosity nor the time!

Because it was anticipated that income would vary with Fellow and Member status in the Division and would also show sex differences, separate tabulations were made for each of these four categories. The resulting distributions are as follows:

	Fellows		Members	
Income Category	Male	Female	Male	Female
27,000+	15	—	10	1
24,000+	10	3	18	—
21,000+	6	—	10	1
18,000+	29	2	23	4
15,000+	40	5	68	3
12,000+	59	4	130	7
9,000+	49	13	207	40
6,000+	7	12	96	35
3,000+	6	4	6	16
N	221	43	568	107
Median	$14,467	$10,246	$11,649	$9,175

The median for the females was somewhat depressed by the number of wives working only part-time but this alone does not account for the marked sex difference in reported income; apparently women clinical psychologists are willing to work at lower salaries than are male counterparts just as has been reported by the Central Office for psychologists in general.

What about the relationship between reported income and number of positions held? The correlation is by no means perfect as evidenced by the fact that 11 persons holding four or five positions report income of less than $9,000. In general, however, those holding two positions report a net income about $1,000 more than those holding one; those holding three positions report an income of about $1,000 more than those holding two. Unfortunately, we did not ask the number of hours worked per week so we have no way of knowing whether the increased income is a function of longer hours of work (moonlighting), or the fact that the more prestigeful, hence higher salaried persons are more likely to be asked to take on additional consulting positions.

Work Setting

Where do clinical psychologists work? Almost exactly half of the respondents reported that their primary work setting is what might be labeled a medical one: general hospitals, mental hospitals, and clinics each account for approximately 15% of our membership and medical schools for another 7%. The next most common setting is a university or college, accounting for one-fifth of our members. Third in order of frequency is the private practice setting with 17%. At the other end of the scale, Division members are least likely to be found in a public school (3%), industry (3%), or the Armed Forces (1½%). The remaining fifth of our respondents checked "other" work settings: including such varied things as School or Hospital for Mentally Retarded, a city, county, state or federal agency, nursery school, counselling office, residential treatment center, psychoanalytic institute, juvenile court, Salvation Army, correctional institution, Highway Patrol School and a publishing company.

In view of the fact that the modal clinical psychologist holds two or more remunerative positions it is of interest to combine the responses of those indicating primary, secondary, or tertiary appointments for each type of setting. Nearly three-fourths of all respondents report some type of work appointment involving clinical psychology in a medical setting (clinics 28%, mental hospitals 18%, medical schools 13%, and general hospitals 12%). Slightly over half of our members (54% to be exact) list private practice as their primary, secondary, or tertiary work setting. For about a third of these it is primary and for the other two-thirds secondary or tertiary. Forty per cent of our members have some association with the faculty of the college or university: about half of these hold a primary appointment in such a setting and the other half are on a part-time appointment. Only 6% of our membership indicate any contact with public schools, only 4% with industry and only 3% with the Armed Forces.

What Do Clinical Psychologists Do?

With this background let us now turn to the question of the distribution of professional time among the several functions performed by our members. Here again we asked respondents to indicate the role or function to which they devoted the highest proportion of their time, the second highest, and the third highest. At the top of the list is intensive psychotherapy: 54% of all members reporting this as one of their functions; for 31% it is their primary function. (The corresponding figures for Counseling are 11% and 5%.) Next in order of frequency is diagnosis and clinical assessment. Exactly half of the respondents indicated that they spend some time in diagnosis or assessment; for one out of six this is the function to which they devote the highest proportion of time. Administration was checked by approximately 1/3 of all respondents; one out of seven indicated that it was the function to which they devoted the largest share of their time. Supervision is reported as an activity by 1/4 of our colleagues but for only 5% or one out of twenty is it a primary function. Experimental research is also reported as an activity by one out of four members; it is a primary function for only one out of ten. About 5% of all respondents reported still other types of functions including: scholarly writing, clinical research, milieu therapy, program development, systems training, factory management, editorial, advising and consulting.

Whom Do Clinical Psychologists Serve?

Because of the variety of work settings and different role functions of clinical psychologists, we asked respondents to indicate the types of clients or patients with whom they spend the most time, next most and third most. The results are unequivocal. The services of the majority of clinical psychologists (55%) are directed primarily toward the adults in our society. By contrast only 17% work primarily with children. Another 9% of the respondents report college students are the most typical clients. Just as we found relatively few clinicians reporting the public school as their primary work setting, only 4% reported school children as their primary type of client and a bare 1% of our psychologists serve primarily alcoholics, juvenile delinquents, and criminals in our society. When we combine the three categories of patients seen most, next most, and third most, the rank ordering of the different types of clients remains essentially the same. Nearly 15% of all respondents felt it necessary to check "other" types of patients or clients. These included "normal," pre-school, management personnel, physically handicapped, mentally retarded, adolescents and workers.

Summarizing the data with respect to work settings, functions and types of clients, we may say that the members of Division 12 are most likely to be found in a medical setting (clinic, general hospital, mental hospital, or medical school), to be working primarily with the adult patients and to be primarily engaged in intensive therapy, diagnosis or administration. On the other end of the scale members of Division 12 are least likely to be found in the Armed Forces, industry or public schools, least likely to be primarily concerned with undergraduate teaching or scholarly writing and least likely to be primarily concerned with alcoholics, juvenile delinquents, criminals, or school children. Unfortunately, comparable information regarding the pattern of practice among the present day psychiatrists is not available but I strongly suspect that a similar pattern would characterize the professional activities of our psychiatric colleagues. If this surmise is correct, it is not surprising that the emergence of clinical psychology as a profession has been accompanied by considerable interprofessional conflict.

OPINIONS OF MEMBERS REGARDING CLINICAL PSYCHOLOGY AND CLINICAL PRACTICE

We now turn to a summary of the opinions with respect to clinical psychology and practice based on items designed to elicit opinions concerning matters about which there is a widespread difference of opinion and consequently no correct answers. Since for the most part no significant differences appeared in the responses of Fellows and Members to these items, the data will be summarized for the entire membership of the Division except where otherwise noted. In order to present the greatest amount of information in minimal spaces, we shall merely indicate the percentage of respondents checking each alternative opinion provided in the original questionnaire.

1. With respect to the question of diagnosis and therapy, which of the following most nearly indicates your own general position?

%	
3	A good therapist does not need diagnostic tests
20	A good therapist rarely needs diagnostic tests
29	Yes and No—I'm in the middle on this one
31	A diagnostic evaluation is usually essential
16	A thorough diagnostic work-up is almost always essential before or early in treatment
1	No answer

2. With respect to the issue of the relative value of projective and objective tests, where do you stand?

%	
8	I rely almost entirely on projective techniques
36	I rely primarily on projectives
41	I use both about equally
10	I rely more heavily on objective tests
3	I rely almost entirely on objective tests
2	No answer

3. With respect to the future relationship of clinical psychology and medicine, I think that clinical psychology should

%	
2	Become more and more a medical specialty—perhaps even merge with psychiatry
7	Grow closer to medicine but retain its autonomy as one of the healing arts
73	Retain its autonomy working closely with medicine but also independently
17	Differentiate itself from medicine and the healing arts as rapidly and as completely as possible
1	No answer

4. As a general policy, do you think it preferable from the standpoint of public relations that clinical psychologists refer to those whom they serve in *non-medical* settings as:

%	
16	patients
41	clients
40	This is not important
3	No answer

A series of items were included to ascertain opinions regarding training for future clinicians.

5. Kubie has argued for the desirability of creating a new type of professional school to prepare a new kind of mental health professional—a separate professional school with a curriculum incorporating the relevant best parts of medicine, psychology and social work. It would probably lead to a new degree—Doctor of Mental Health or Doctor of Psychological Medicine. How would you feel about such a development?

%	
24	Strongly in favor
33	A good idea
10	I really don't know
18	Somewhat opposed
14	Strongly opposed
1	No answer

6. What are your ideas concerning the best training for the next generation of clinical psychologists?

	To Which Degree?				
In What Sort Of School?	Ph.D. trad.	Ph.D. no thesis	New degree	No ans.	Totals
Dept. of Psych.	41.3	2.4	5.8	1.1	50.6
Sep. Prof. Sch.	7.9	3.7	31.3	.3	43.2
Medical School	1.0	.2	1.5	.9	3.6
No Answer	1.3	.2	.9	.2	2.6
Totals	51.5%	6.5%	39.5%	2.5%	100.0%

Respondents were asked to take a position with respect to the general idea, strongly supported by the APA in the past, that an applied psychologist should be trained both as a scientist and as a professional practitioner. Eighty-five per cent of our respondents agreed that this is a sound idea and should be maintained while 11% checked the response "an impossible ideal that should be abandoned." Four percent of the respondents refused to take either of these positions.

7. Which of the following theoretical orientations best fits you?

	Fellows %	Members %
Psychoanalytic	15	21
Neo-Freudian	11	14
Sullivanian	6	10
Rogerian	4	4
Learning Theory	10	8
Existentialist	0	2
Eclectic	48	36
Other	7	4
No Answer	2	1
Totals	100	100

8. How much would you say your theoretical orientation is reflected in your practice?

	In Methods Of diagnostic evaluations %	In Methods Of treatment %
5 Much	31	29
4	36	33
3	19	19
2	8	8
1 Little	3	3
No answer	3	8

9. In general, do you think that legislation for psychology has been good or bad for clinical psychology?

%	
14	One of the best things that could have happened
72	Has been generally good in spite of limitations
10	Good and bad effects about balance
2	Bad effects generally outweigh the good
1	One of the worst things that could have happened
1	No answer

10. What is your best guess concerning the future of clinical psychology as a professional specialty?

%	
3	It will continue to grow and flourish becoming eventually the most reputed of professions
72	It will continue to develop and become co-equal with the other leading professions in status
14	It will remain pretty much in its present status
5	It will probably undergo some loss of status
4	It is on its way out as a separate professional specialty
1	No answer

In view of the considerable heterogeneity of the Division's membership it is not surprising that clinical psychologists often appear to have but little confidence in the professional competence of many of their colleagues. In an effort to determine the degree to which judgments of professional competence are influenced by professional qualifications, respondents were asked to estimate, separately for each of five categories of clinical psychologists, what proportion of each group they felt were appropriately qualified to render independent services to the public for a fee. Now admittedly this was a "projective" question. Obviously all we were seeking were best guesses. However, nearly 30% of our respondents refused to guess. The question was, "What proportion of all clinical psychologists offering their services to the public for a fee in the United States today do you feel are appropriately qualified to render such independent service?" The distribution of the responses (N's) for each of these categories were as follows:

Proportion	Div. 12 Fellows	Div. 12 Members	ABEPP	Ph.D. but not Div. 12	Non-Ph.D. non-members Div. 12
90+	152	56	263	17	6
80+	128	65	146	25	4
70+	151	140	114	64	15
60+	58	79	48	51	20
50+	129	170	76	139	74
40+	26	60	21	65	44
30+	19	41	20	65	65
20+	48	69	34	115	138
10+	29	54	24	148	320
No answer	284	290	278	335	338
N	1024	1024	1024	1024	1024
Median	73%	63%	83%	35%	15%

It is obvious that, in the eyes of Division 12 members, the distinction between membership and nonmembership in Division 12 is a far more critical index of professional competence than the distinction between Membership and Fellowship or the distinction between Fellowship in the Division and holding the ABEPP diploma. One cannot but wonder if this position is shared by the thousands of APA members functioning as clinicians who have not chosen to affiliate with our Division.

Although our typical Division 12 member is likely to regard the ABEPP diploma in clinical as a fairly reliable basis for judging clinical competence, note that 1/4 of the respondents regard one out of three ABEPP diplomates as not qualified to render independent service. Several of those indicating a low percentage for persons in this category added a comment to the effect that their estimate would be higher were it not for the large number of grandfathers in ABEPP! Needless to say, such comments were typically provided by Member rather than Fellow respondents!

APA Code of Ethics

How do Division 12 members regard the APA's Ethical Standards of Psychologists?

%	
50	An excellent and very useful guide to professional conduct
18	Very much in need of revision
9	Too academic for practical clinical work
19	In need of greater emphasis in training programs
4	No answer

Two respondents admitted that they had never read the Code.

Art and Science in the Practice of Clinical Psychology

The one remaining question asked of respondents concerning the practice of clinical psychology concerned the relative role of art and science in practice as of today, 1960, and in 1980. The form of the question was such as to force each respondent to utilize his own definition of art and of science but even so only 10% of the respondents omitted this item. Again, as you may imagine, there was a tremendous spread in the replies. The spread of opinion is best shown by a table:

Proportion of Art: N in each category		
%	1960	1980
90+	72	31
80+	96	51
70+	213	93
60+	169	122
50+	219	229
40+	75	154
30+	42	79
20+	42	109
10+	3	37
NA	93	119
Total	1024	1024
Median %	65% Art	53% Art

Although most respondents estimated that clinical psychology would become somewhat more scientific by 1980, some 50 respondents indicated that the proportion of art in clinical practice would increase during the next 20 years. As a matter of curiosity, we scanned the overall questionnaires of these 50 atypical respondents. As a group they felt that clinical psychology as of 1960 is only 50% art as compared with the estimate of 65% for all respondents and they expect it will move to about 70% by 1980. Overrepresented in this group are persons whose highest degree is an Ed.D. or whose training was received in Europe.

OPINIONS REGARDING DIVISION 12 AND ITS FUNCTIONS

We now turn to that critical segment of the survey concerned with the opinions of members regarding the appropriate functions of the Division and an evaluation of how well the Division has carried out these functions in the past. You will recall that this section of the questionnaire listed a series of possible functions or services which Division 12 might undertake. Respondents were asked to rate each function on a 5 point scale with respect to its "Importance" and "How Well Done in the Past?" The mean ratings (5 being high) are as follows:

Function	*Importance*	*How Well Done*
Arranging Annual Program		
Papers	3.8	3.4
Symposia	4.3	3.6
Special Programs	4.1	3.3
Publishing Journals	3.4	2.8
Services to Profession		
Upgrading and Maintaining of Standards	4.4	3.1
Public Relations	4.2	2.5
Inter-professional Relations	4.3	3.7
Enforcement of Ethical Standards	4.2	2.8
Services to Society		
Training of Next Generation Of Psychologists	4.1	2.6
Elimination of Charlatans	3.8	2.4
Promotion of Quality Service	4.3	2.7

Services to Members		
Job Placement	3.2	2.7
Special Training Institutes	3.9	3.3
Investigation of Working Conditions	3.1	2.1
Improvement of Income	3.1	1.9

Now many of the functions listed are ones which should be the appropriate concern of either the APA as a whole, the State Associations, or a joint concern of all three organizations. Even so, when asked how important these functions are for the Division, 12 of the 15 functions received a modal importance rating of 5 on a 5 point scale! Only in the case of job placement, investigation of working conditions, and improvement of income was the modal rating as low as three on the scale of importance!

Note, however, that the mean ratings of performance are all much lower. In the eyes of our members, Division 12 has been (relatively) most effective in carrying out its annual program functions, those allocated to all the Divisions of APA. Respondents also tended to regard favorably the Division's efforts at providing special training institutes. Least effective, in the eyes of our respondents are those other possible services to members, job placement, investigation of working conditions, and improvement of income. However, it will be noted that these were functions which were rated as relatively unimportant for the Division.

Considerable light on possible sources of member dissatisfactions with the functioning of the Division is provided by noting these functions rated as most important by the membership but which receive relatively much lower ratings in terms of how well the Division has carried out these functions. These all fall under the general heading, Services to the Profession. In a word, Division 12 has not been as much of a professional organization as a large segment of its members would like it to be.

Interestingly enough, relatively few additional functions were suggested as appropriate for the Division: the desirability of the Division arranging for post-doctoral institutes on a regional or even a state basis and perhaps at times of the year other than just before the APA convention. A few others wondered if the Division could not do something about upgrading the quality of papers appearing in clinical journals and developing one or more additional APA journals devoted to clinical psychology.

In spite of the relatively "well-done" ratings accorded the program functions of the Division, respondents tended to be somewhat more critical when asked to check a series of statements expressing their view regarding the annual convention program arranged by Division 12. Only 24% checked "There is a good balance between theoretical and applied interest" and 40% "The length of Division 12 program is about right." By contrast 63% felt there should be fewer paper reading sessions and more symposia; 44% that there should be more opportunity for small groups to get together to discuss research; 53% that there should be more opportunity for small groups to get together to discuss problems of practice, and 30% felt there should be more invited speakers.

REORGANIZATION?

We now turn to that section of the survey concerned with the most desirable future organization of the Division. In view of the size, complexity and diversity of the membership of the Division it seemed possible that the needs of its heterogeneous membership might be better met by the creation of two or more smaller organizational units each with a more homogeneous group of members. Respondents were asked to express their general opinion concerning three alternatives: (a) "the creation of sections or interest groups within Division 12 thus retaining one large Division with seven or more representatives to the APA Council," (b) "the creation of new Divisions of APA, each with representation directly to the APA Council," and (c) "retention of the present general organization and mode of functioning of the Division." Many respondents criticized the language of Alternative C as loaded since it read "inadequate as it is, I think we should retain the present organization and mode of functioning of Division 12." I apologize; obviously, the phraseology should have been "inadequate as it appears to be!"

The proportion of respondents voting for each of these alternatives was as follows:

Alternative	*Fellows*	*Members*	*Total*
(a) Sections	42	46	45
(b) New Divisions	10	13	12
(c) Present Organization	45	37	39
No answer	3	5	4

Clearly our membership is opposed to Divisional fission, but clearly also the plurality of our membership (45%) feels that some type of further organization within Division 12 is desirable. Presumably this felt need could be met (at least in part) by the creation of sections or interest groups within the Division, by the enlargement of the Executive Committee to include representation from the various sections or interest groups, by allocations of the program time to a sub-committee on program for each of the sections or interest groups, all without affecting the integrity of the Division as a whole.

If the Division should decide to create sections or interest groups, two questions immediately arise; how many sections and what kind of sections are needed to meet the needs of our members? In anticipation of the possible need to provide answers to these questions, respondents were provided with a list of 21 hypothetical but possible organizational units. Some concerned function; others settings; still others, type of clients. Provision was made for the respondent to indicate "other" if none of the proposed sections seemed to fit his needs. Respondents were asked to rank 1, 2 and so on to n on how many units they wished to be affiliated with and also to show the relative degree of importance to them. They were urged not to check more units than they would be willing to support actively with both time, and dues, if need be. Some 15% of the respondents failed to answer this question, in most instances protesting that they felt so strongly against any further organization that they refused to even consider the possibility of it. Eight hundred and sixty-one of the respondents did complete this section, however, and the median number of sections or interest groups with which they would wish to be identified was 4.2! Twelve per cent of all persons answering the item indicated that they would like to be associated with nine or more of these 21 interest groups.

The relative attractiveness of each of these "Hypothetical Sections" is reflected in the following table. Column (a) indicates the per cent of the 861 respondents who said they would like to join each section and column (b) the % ranking the section as 1st, 2nd, or 3rd choice.

Section	a%	b%
Psychodiagnosis or Clinical Assesement	68	47
Psychodiagnosis, Objective Techniques	17	8
Psychodiagnosis, Projective Techniques	28	13
Psychotherapy (general)	68	51
Individual Psychotherapy	39	26
Group Psychotherapy	26	12
Private Practice	40	23
Institutional Practice	12	5
Psychoanalytic Psychology	25	14
Supervision of Clinical Training	34	16
Admin. of Mental Health Programs	20	10
Clinical Psychology in Medical Settings	26	15
Clinical Psychology in Industry	11	6
Clinical Psychology in Schools	18	8
Psycho-pharmacology	5	2
Psychopathology (general)	29	14
Character Disorders	8	2
Psychotic Disorders	5	2
Alcoholism	3	1
Juvenile Delinquency	9	2
ABEPP, Diplomate in Clinical Psychology	16	7
Other (indicate by name or area)	14	12

One out of seven of the respondents proposed some "other" section or interest group and for over half of these the proposed interest group was ranked first. Nothing is more indicative of the range of interest among Division 12 members than the wide variety of additional interest groups proposed. The most frequently mentioned were clinical research, preventive mental health, mental retardation, child psychotherapy, and research on therapy. Included in the list, however, were such widely varying ideas for sections as residential treatment of children, child rehabilitation, intelligence, management consulting, psychosomatics, psychology of religion, correctional psychology, adult education, clinical psychology in colleges, developmental pathology, child guidance, theoretical psychology and personality theory. One respondent noted that "clinical psychology is all things to all people." Perhaps he was hitting nearer the truth than he knew!

On the assumption that the differences of opinion regarding membership standards for the Division are possibly based on different conceptions of appropriate standards for persons who might be identified with one as contrasted with those identified with another of those in the proposed sections, respondents were asked to indicate what they regarded as the minimal membership standards for those divisions in which they indicated an interest in joining, should the sections materialize. There was remarkably litle variation from section to section with respect to prospective members' opinion regarding appropriate minimal membership standards. For all the proposed sections the modal response is "APA member" with the percentage of responses ranging from 55 to 76% for the various proposed sections. A minority of our membership feels strongly that Associate membership in the APA constitutes adequate membership standards. The minority ranges from 1% for those who would anticipate becoming associated with a "private practice" section to 20% for those who would anticipate becoming associated with a section on "general psychopathology." In general, proponents of these lower membership standards are those who feel that Division 12 should be primarily an organization designed to promote communication among like-minded professionals rather than a professional certifying body. Another minority of our membership feels equally strong that Divisional membership should constitute a badge of high professional competence and would insist on either Fellow or ABEPP status as minimally appropriate membership standards for the sections with which they would propose to become affiliated. This minority ranges from a high of 37% for those interested in the possibility of joining a section on "supervision of clinical training" and 35% for those interested in joining a section on "private practice" to a low of 7% for those interested in a section on "alcoholism" and 6% for those interested in a section on "clinical psychology in schools." For the two largest of the possible sections, psychodiagnosis and psychotherapy, the percentage of respondents proposing ABEPP or Fellow status is 12% and 17%.

Opinions Regarding Clinical Psychologists Not Members Of Division 12

In view of our earlier reported finding that a great many APA members now functioning as clinical psychologists do not belong to the Division, respondents were asked how many clinical psychologists they knew personally who are qualified for membership in Division 12 but are not now members. Nearly half of our members failed to respond to this question, many indicating that they had no idea or didn't wish to bother to check present membership in the APA Directory. However, the range of answers supplied by 500 respondents was tremendous. About 10% of the respondents reported that they knew no qualified clinical psychologists not now members of the Division but 170 respondents each reported knowing nine or more such persons including a few who went to the trouble of checking the membership rolls of local organizations of clinical psychologists and reporting as many as 30 persons. The median number so reported was five. Respondents were asked to rank order a list of possible reasons for qualified clinical psychologists not belonging to the Division. The distribution of the first ranked reason was as follows:

	N
They do not see any advantages in affiliation	467
Their non-clinical interests are more salient	76
No one has suggested that they affiliate	59
It has never occurred to them	39
They do not believe they are qualified	34
The Division dues are too high	27
Other	88
No answer	234
Total	1024

This question elicited comments from many respondents and a large proportion of these were decidedly non-complimentary to the Division and its program; e.g., "no stimulating program," "Division 12 is not realistically meeting the needs of the profession," "they are bitter and disillusioned," "Division 12 seems to be a conglom-

eration of individuals who really share little in common," "the identity of clinical psychology is not a viable one," "we need a doing group, not an interest group," "little chance to participate," "the Division appears to be preoccupied with status and too full of bickering," "Division 12 is all smoke and no fire," "Division 12 is much too concerned with status rather than problems," "Division 12 is too academic and research oriented," "heavy academic bias of the organization," "meaningless professionalism," "discouraged by the folderol of professionalism and political psychology," "see the Division as an interest group rather than as a profession," and "object to present political structure of the Division." A number of respondents suggest that our application procedures are too time consuming, that prospective applicants dislike asking their professional associates to sign for them. Still others felt that the situation was the result of the characteristics of many clinical psychologists, e.g., general professional disinterest, a fierce spirit of independence among clinicians, a need to disavow group membership to prove their autonomy. One of the more interesting comments elicited by this item came from a member who wondered why we did not ask why so many people who were really not clinical psychologists belong to the Division and when we were going to undertake a program to "disrecruit" them. Several respondents suggested that the Division should undertake an active program of recruitment, expressing the opinion that a great many qualified clinicians would join if specifically invited to do so.

Finally, let's have a look at the amount of support which respondents indicated as willing to give to Division 12, "*if* it should attempt to organize and administer a program of the nature, extensity, and caliber" which the respondent regarded as desirable. Operationally defined this item consisted of two questions; "how many dollars per year would you be willing to pay as dues and how many hours per year would you be willing to contribute to Divisional activities?"

The resulting distribution of responses to these questions are as follows:

Dollars		*Hours*	
100.00	21	100	46
75.00	1	75	12
50.00	43	50	181
25.00	97	25	231
15.00	67	15	89
10.00	263	10	123
8.00	106	8	21
4.50	268	5	76
1.00	54	0	82
NA	104	NA	163
N	1024		1024
Median	8.20		19.3 hours

In addition to the 15% who did not reply to the question regarding number of hours they were willing to work, almost 10% more of the respondents indicated they were unwilling to give any time to Divisional activities, including one who commented that he could not even afford the time required to fill out the questionnaire.

BASIC ISSUES CONFRONTING THE PROFESSION

What—in addition to the many interesting details—does the survey tell us about the state of clinical psychology as of 1960? As we have seen, clinical psychologists—even that select group affiliated with Division 12—are an extremely heterogeneous group with respect to age, sex, training, theoretical orientation, work setting, major function, income, types of persons served, and opinions regarding methods and practices.

Wherein lies the unity of clinical psychology? What are the shared characteristics and orientations of our members? I can detect but one universal characteristic—the desire to be labelled a "clinical psychologist!" This label is a broad one with a wide range of meanings. For some, it is all of psychology—for others it is but a fairly narrow field of applied psychology. For some, clinical psychology is primarily a theoretical orientation, for others primarily a set of methods for helping one's fellow man, for others an approach to research, while still others view it as a body of substantive content. For a few, I regret to say, clinical psychology seems to be perceived primarily as "a good business."

To those of us who were clinicians in the 30's, the growth and development of our professional specialty during the last 15 years is well nigh phenomenal. Before World War II, clinical psychologists were few in number, poorly paid and had but little status. Primarily as the result of the decision of the VA to make the clinical psychologist a full fledged professional in staffing its NP facilities, and the creation of a training program to produce the needed but then non-available Ph.D. level personnel, clinical psychology has become a respected and prestigeful professional specialty. Nurtured by substantial training and research grants from the NIMH, in a public climate sensitive to the problems of mental health, and through the efforts of often understaffed university departments of psychology, clinical psychologists began to be produced in ever increasing numbers. A few pessimists were sure that the market would soon be glutted but such was not to be the case. No matter how many clinical psychologists were produced, there were never enough to fill the openings which had been created for the product—first in the VA but soon in other agencies of the federal and state government, in private agencies and elsewhere. We have grown rapidly not only in numbers but also in status, in the opportunity to serve and in income. By these criteria, ours is a success story without counterpart in the history of professions.

But dare we, as clinical psychologists, relax and feel that all's well with our profession? Are you pleased with the portrait of our profession provided by the survey return? Frankly, I am not. Perhaps as my favorite comedian says of himself, "I'm too much of an idealist," but I am deeply concerned about several discrepancies between the image of the clinical psychologist whom we talked about training at the Boulder Conference and the clinical psychologist mirrored in our survey findings. And I'm also concerned when I look at clinical psychology in terms of the criteria of the "Good Profession" first stated by Fillmore Sanford in his report as APA Exec-

utive Secretary—and later incorporated in the APA publication "Psychology and its Relations with Other Professions." I invite each of you to take the time to re-read this document and do a bit of stock-taking.

With the full knowledge that I am taking positions not shared by the majority of the Division, I wish to comment on what to me are three important issues: two confronting our profession and one confronting the Division.

The first of these general issues is (1) What sort of a public image is clinical psychology developing for itself and is it the public image which we seek? More specifically, I think we must decide and decide soon whether, on the one hand, we wish clinical psychology to be perceived as one of the healing arts professions (and ourselves as doctors treating sick people) or alternatively a new type of profession—a unique profession which while contributing to the treatment of the sick (under conditions of genuine collaboration with the medical profession) is also a profession equally concerned with and capable of contributing a wide range of useful services to all sorts of people in widely varied settings, a profession unique in that it is also deeply committed to and active in the creation of new knowledge and new methods.

I am sure you know that the second alternative is my ideal for our profession. Personally, I would hope that the clinical psychologist of the future would be a professional person perceived and used by an increasingly educated citizenry—not as a physician but as a "Consultant on Living," perceived as able to assist normal people to lead more fulsome lives, whose services would be as eagerly sought after as are the services of architects by persons who want their home to be more than a house. But this does not seem to be the direction in which we are moving. Our modal respondent, you will recall, spends most of his time in intensive individual psychotherapy with adult patients in a medical setting or in private practice. A substantial segment of our members prefer to think of themselves as members of an independent healing arts profession, treating patients. The self-image—and I suspect the public image—is more that of the physician than the Architect.

But let's assume that I'm wrong in my preference for a unique profession and that clinical psychology should become increasingly identified as one of the family of healing arts and that the role of the clinical psychologist becomes increasingly less distinguishable than it now is from that of the psychiatrist. What will this mean for the future of clinical psychology? Will society, in the long run, support and protect two completely independent professions rendering essentially the same functions? My guess is that it won't—and that in the struggle clinical psychology will find it increasingly difficult to maintain its own professional identity. Perhaps society's answer will be the creation of a new mental health profession, trained in schools of the sort suggested by Kubie, but I doubt that its graduates will be known as clinical psychologists. Perhaps such a development would not be unfortunate. Rightly or wrongly, I got the impression (from reading the comments returned with the questionnaires) that a fairly large number of our members do not regard clinical training as now offered as an adequate preparation for clinical practice. Many of them appear to have reluctantly accepted a program of training which they did not want in order to acquire a title which they did not want.

The second general condition about which I feel a deep concern are a number of imbalances within our profession. Did you note as I did the very heavy emphasis on professional services and the low participation in research activities? Only a few years ago, we argued that clinical psychologists were badly needed in the mental health field because they would bring to it a set of critical attitudes and the research skills needed to develop new knowledge, to evaluate old methods and to develop new ones, to increase the efficiency of therapeutic procedures, etc. It is my impression a great many of us have been all too content to adopt uncritically the current modes of thought and practice of psychiatry and social work. Only recently, a psychiatrist whose opinion I value, lamented that psychiatry was still without a basic science and it did not appear that clinical psychologists were doing much to develop one! Clinical psychologists with their ready access to clinical problems and materials are in a most favored position to produce really significant contributions to both knowledge and practice. I wonder why so many of them fail to respond to this high challenge. Surely we don't really believe that we now have all the answers or that our methods cannot be improved!

The discrepancy between service and research is only one of several imbalances which seem to me unhealthy in clinical psychology today. Why, for example, do we as a group spend so much time on treatment and so little on programs of prevention? Why is so much of our time spent with adults and so little with children? Why are so few clinical psychologists concerned with the problems of emotional health in our schools?

The third issue about which I choose to comment is one of great import for the Division: How much and what kind of professionalism should the Division foster?

Our survey indicates that our members are imbued with a strong spirit of professionalism and greatly desire to have Division 12 extend its professional functions. Our members are intensely interested in protecting the label, "clinical psychologist." They feel very strongly about maintaining standards of training (but not necessarily of practice!) They want membership in the Division to serve as a badge of clinical competence. They want the Division to lead in the struggle for obtaining and retaining special rights and privileges for its members, especially in the area of private practice.

Now, I am most sympathetic with the desire of the membership to feel that they belong to a strong professional organization, one which will seek to provide its members the opportunity to function autonomously, to improve and maintain standards of practice and to insure professional status and rewards commensurate with their contributions to society. Personally, I am convinced that the APA has been just this sort of professional organization for clinical psychology. Admittedly, Division 12 has had but little direct part in those extensive and effective APA activities concerned with the development and protection of psychology as a profession. The list, however,

is most impressive; it includes: ABEPP, the Boulder Conference, the work of the E and T Board, the development of the Ethical Code and its enforcement, Committees in the Relations with Other Professions and especially with Psychiatry, the furtherance of State Legislation, standards for practice, etc., etc. While many members of Division 12 participated in these activities, they did so not as representatives of Division 12 but of the profession as a whole and properly so. Even if Division 12 represented the majority of clinical psychologists, I would remind you that the profession of psychology is much more than clinical psychology; it includes a great many of our fellow psychologists, members of other Divisions, working in schools, colleges, industrial settings and all branches of the government. As for the professional functions of Division 12, I believe that it should take the lead in studying the special professional problems of clinical psychology, recommending action to BPA and working collaboratively with APA for the profession of psychology as a whole.

The proper role of a division in professional matters is pinpointed by the question of whether membership in Division 12 should or should not constitute a type of certification of competence. This is an old issue. Quite mistakenly, I thought it had been resolved at our 1950 annual meeting, at which time a strident group proposed that the Divisional membership certificate be issued in a form suitable for framing and hanging on the wall. After considerable debate, this proposal was soundly defeated—primarily on the grounds that neither the APA nor the Division in processing applications for membership make any attempt to evaluate clinical competence hence it is inappropriate for the membership in the Division to be used to imply such competence. In fact, it is prohibited by our Ethical Code.

Nevertheless, it is obvious both from our discussion of membership standards last year and from the survey that Division 12 members do regard membership in the Division as a type of certification of clinical competence. This I regard as a most unfortunate state of affairs and basically an untenable one. I would recommend that the Division move in one of two directions: (1) become in fact a certifying body by establishing the necessary and costly procedures required to evaluate the clinical competence of both its present and future members or alternately (2) making a public announcement that it is *not* a certifying body in which case it might well relax its membership standards to permit any APA Member or Associate to affiliate with the Division as an interest group. In view of the fact that ABEPP was created specifically to serve the voluntary certifying function of the profession and with the increasing numbers of mandatory state certifying and licensing laws in effect, I don't see how the Division can possibly justify the expenditure of the time and energy which would be required to establish what would be essentially an intermediate level of voluntary certification (a sort of Junior ABEPP!). If we are not willing to become a true certifying body, we should take immediate steps to correct the impression of our membership that we are. As long as Divisional membership is mistakenly regarded as a kind of voluntary certification of competence, the Division is working at cross purposes with ABEPP—for example, several respondents reported that they did not plan to seek the ABEPP Diploma either because they did not feel the need for it or because they could not see that it would be financially rewarding.

REPORT ON THE 1960 POST-DOCTORAL INSTITUTE

The 1960 Post-Doctoral Institute of Division 12 was held on the Chicago campus of Northwestern University from August 25 to August 31. The air-conditioned American Hospital Association building was utilized for classes and evening discussion groups. The statistics regarding the meeting are as follows:

84 applications were received
8 cancellations were made after registration
5 additional cancellations *with* refunds also were made
71 professionals attended the actual classes

The final courses and numbers attended were as follows:

18 attended the course on *Hypnotherapy* conducted by Dr. John G. Watkins.
14 attended *Research Methodologies in Clinical Psychology* conducted by Dr. Joseph Zubin.
12 attended *Organic Brain Damage and Differential Diagnosis* conducted by Dr. Joseph Wepman.
12 attended *Group Psychotherapy* conducted by Dr. Hubert Coffey.
8 attended *Supervision of Intensive Psychotherapy* conducted by Dr. Herbert J. Schlessinger.
7 attended *Intensive Psychotherapy with Children* conducted by Dr. Bruno Bettelheim.

The financial aspects of this operation are summarized below. As you can note, a modest "profit" did appear.

FINANCIAL STATEMENT

Income

Advance from Division 12	$ 300.00
Tuition fees from *76* applicants	4,180.00
	$4,480.00

Outgo

Instructor's Fees	2,700.00
Instructor's Room Rental Fees (Including P.D.I. Chairman)	140.00
Classroom Rental Fees	466.25
Refunds to applicants unable to attend	275.00
Film Rental Fees	25.10
Hypnotherapy Subjects	50.00
Dorothy J. Robinson, Secretary	120.00
Other Secretarial Service	53.01
P.D.I. Survey Tabulation	46.00
Stamps	20.00
Stationery Fees	50.77
Telephone and Telegraph	9.63
Bank Service Charges	9.33
Coffee and Donuts	$ 46.73
Total Expenses	$4,011.82
Monies Returned to Div. 12	468.18
	$4,480.00

As a result of the committee's experience this year, the following suggestions are offered to future committees:

1) The committee should begin formal operations in October prior to the PDI to establish by December 1 the course offerings and instructors. These people should be contacted during December so that announcement of the courses can be offered in the Winter *Newsletter*. (The committee should have nearly twice as many course-instructor possibilities preliminarily established and a priority list setup as to who should be contacted first.)

2) Final registration deadlines should be kept open at least until July 1.

3) Air-conditioned classrooms appear a must and similar housing facilities highly desirable. (Our members appear quite willing to cover the modest increase in costs for this luxury-necessity (?).)

4) Dutchtreat social hours the first or second days of PDI should be established.

5) The evening meetings wherein each instructor has an opportunity to talk with all persons attending PDI have become a PDI tradition and are consistently well attended.

6) The PDI Chairman and one or two committeemen should plan to be *in residence* during the sessions. Their room expenses represent a legitimate PDI expense which insures that the myriad of small crises can be quickly spotted and solved.

7) The PDI should provide at least two coffee breaks in which the group as a whole can be treated as guests of the PDI committee and host institution.

8) Finally, it should be noted that the course on Hypnotherapy was so well received that it is our recommendation that this course be repeated quite regularly over the next few years.

We would also like to add one other general impression. While our Division membership is now some 2400 members, we do not feel that the PDI as currently operating could possibly handle much increase in numbers attending or in courses offered. The respective ceilings probably are about 100 students and 8-9 courses. Beyond that the amount of detail work *throughout* the year would become prohibitive. Sometime in the next few years, a serious effort at regional meetings probably will have to be initiated. Until that time, PDI appears to serve significantly well the needs of a relatively small (but fairly rapidly changing) segment of our membership.

Respectfully submitted,

COMMITTEE FOR
1960 POST-DOCTORAL INSTITUTE:

Erika Fromm
Barclay Martin
Mary S. Engel
Roderick W. Pugh
Robert L. McFarland, Chairman

David Rapaport, a Fellow of the Division of Clinical Psychology, died on December 14, 1960. Dr. Rapaport was recently awarded the Division's recognition for his "distinguished contributions to the science and profession of clinical psychology." Dr. Rapaport was at the peak of a highly productive career and his untimely death is a major loss to psychology. Plans are being made for an appropriate memorial by the staff of the Austin Riggs Center. These plans will be published in our next issue.

Notes and News

The Independents Unite

The APA Moratorium on practicum evaluation now in effect seems associated with considerable activity as many persons become involved in the issue of "evaluating evaluation." With an APA committee, chaired by Eliot Rodnick, hard at work on the problem, there are indications that the independent internship centers are taking steps to improve communication among themselves.

Nine independent internship centers have recently organized the Southwestern Association of Independent Clinical Training Centers in Psychology. It held its winter meeting at Louisiana State University Medical School in New Orleans on January 6th and 7th, 1961. Jay Knopf, chairman of the Executive Committee of this group, indicates that they discussed their mutual research interests and facilities, their recruitment procedures and training programs, and the status of their liaison with graduate school departments and the APA.

The possibility of a national organization of approved independent training centers has also been suggested. Saul Siegel has put considerable energy into the exploratory work necessary for such a proposal. One of the suggested functions of an association of this type would be to serve as a resource group for information on the problems that will continue to emerge in internship training and accreditation.

The 1961 POST-DOCTORAL INSTITUTE will meet on August 26 to 30, 1961. The place of meeting has not yet been announced, but will be, of course, in the New York City area. The PDI committee has expanded its membership equal to the number of workshops that will be presented. It will, therefore, be possible to have a PDI committee member in attendance at each of the workshops.

The announcement of the workshops and instructors with application forms will be presented in the Spring, 1961 *Newsletter.*

The MID-WINTER MEETING OF THE EXECUTIVE COUNCIL will be held on March 30-31, 1961 at Denver, Colorado. The priority item on the agenda will be a further evaluation of the goals, purposes and organization of the Division. The views of the members as reflected in their response to the questionnaire in this *Newsletter* will provide data vital to the plans that are formulated and the decisions that are made.

From The Editor

To date five persons have volunteered their services as reporters to the *Newsletter.* Robert Kaplan and Marvin Spanner from the Southern California area, Gerry Haigh of Arizona, John L. Walker from the New York area, and Al Silver of Detroit have indicated their willingness to make an effort to watch for news which would be of interest to Division members. We are very grateful for their quick response. We would want to have other persons from these areas and, of course, volunteers from sections of the country which are not yet represented. We need persons who will report regularly the regional meetings of professional and scientific associations in which clinical psychologists would have a direct interest. We also would want the reporters to keep a trained eye on the developments in their areas which have implications for the entire field. What we really need are observers who will take time to analyze what is occurring in their area and then attempt to organize it in a way that would be interesting and meaningful to our readers.

THE DEADLINE FOR COPY FOR THE NEXT *NEWSLETTER* IS APRIL 10, 1961.

Art Bindman, chairman of the COMMITTEE ON ADMINISTRATIVE ROLES FOR PSYCHOLOGISTS reports that his committee is now constituted and is at work. Jerry Carter, Lee Gurel, Richard Lazarus, Eugene Levitt, and George Welsh have been assigned specific areas in evaluating administrative roles in state mental health programs, research programs, and in VA. Training for administrative functions and ethical problems in administrative roles will also receive attention and study.

Hans H. Strupp, Chairman of the AD HOC COMMITTEE ON SECOND CONFERENCE ON RESEARCH IN PSYCHOTHERAPY, reports that the plans for the coming conference are moving forward at a rapid pace. The conference will devote attention to three major topic areas.

I. Research problems relating to measuring personality change in psychotherapy. Desmond S. Cartwright, Maurice Lorr, Lester B. Luborsky, and John M. Shlien will present papers in this area.

II. Research problems relating to the psychotherapist's contribution to the treatment process. Papers will be presented by Barbara J. Betz, Leonard Krasner, Daniel J. Levinson, and Hans H. Strupp.

III. Research problems relating to the definition, measurement, and analysis of significant variables in psychotherapy, such as transference, resistance, etc. John M. Butler, Henry L. Lennard, and Richard S. Siegal will present contributions in this area.

In addition to the eleven invited papers there will be three general discussants, R. Nevitt Sanford, Kenneth M. Colby, and David Shakow.

,The conference, composed of 31 invited participants, will be held on May 18-20, 1961, on the campus of the University of North Carolina at Chapel Hill, North Carolina.

The third WORLD CONGRESS OF PSYCHIATRY will be held in Montreal, Canada June 4-10, 1961. Dr. Ewen Cameron, chairman of the organizing committee, indicates the program will be of considerable interest to clinical psychologists.

LETTERS TO THE EDITOR

Over the past few years, and perhaps somewhat more frequently in the recent past, I have been a party to informal discussions by fellow psychologists, or questions have been raised by graduate students, concerning opportunities for advanced training in psychoanalytic theory, psychoanalytic psychotherapy, research techniques based on psychoanalytic principles, application of psychoanalytic principles to diagnostic testing, training in supervising beginning psychotherapists, and related topics. Only the other day I received a letter from a professor of psychology at one of the smaller colleges, who raised a similar question. He put it this way:

> "I wish to get a new perspective of therapy through psychological processes. What I'm contemplating is a kind of postdoctoral refresher to illuminate hopefully some facets of psychoanalytic methods by which I can move more imaginatively forward in research in this vein."

I am aware that, on a very limited scale, such training opportunities presently exist. There are the APA postdoctoral institutes; there are postdoctoral programs at some universities and institutions; there are analytic training institutes which in rare instances accept psychologists for research training. Nevertheless, it seems to me, the psychologist seeking *intensive* training along the lines indicated is faced with very real difficulties, which often make it necessary to acquire skills and knowledge bit by bit rather than in an integrated and systematic fashion.

I believe there exists a real need for psychologists to take the initiative in setting up a training institution which specifically would meet the needs of psychologists whose clinical and research interests are equally strong. There is no question in my mind that we have the requisite talent in our ranks, and that such an institute would fulfill an extremely useful function in training better clinicians, researchers, and theorists at a postdoctoral level.

If psychologists do in fact have an interest in sponsoring such an undertaking, the resources and the prestige of Division 12 and/or the APA should be enlisted in making it a reality. I am reasonably certain that the kind of institute I have in mind would readily qualify for support from agencies and foundations awarding training and research grants.

My purpose in writing this letter is to solicit the opinions and comments of others and explore how much interest exists in the general idea.

Hans H. Strupp
University of North Carolina

No one familiar with clinical psychology today can fail to recognize two basic facts: (1) clinical psychology has developed an enormous potential which establishes it as a profession in its own right; (2) clinical psychologists throughout the country are experiencing an enormous impetus toward national organization. In my opinion, only one basic question about such an organization remains unanswered: should it be within or without the American Psychological Association? All remaining questions are matters of procedure and detail.

For many reasons, the Division of Clinical Psychology of the APA has not been a satisfactory vehicle for expressing and accomplishing the hopes and aspirations of post-war clinical psychologists. The main difficulty lies in the fact that, as a division, it has wavered between being an interest group and being a professional organization. As a result, its membership includes large numbers of psychologists who are genuinely interested in abnormal psychology, but who are not interested in or not qualified to practice as clinical psychologists. The Division membership today, therefore, truly represents the confusions which always occur when new professions emerge from broad disciplines. If we could agree upon a new name for clinical psychology, we could solve the problem immediately by forming a new division; but we cannot, and do not want to, as "clinical psychologist" is now part of American culture. We cannot, moreover, rightfully dispossess the members of the present division who are not interested in problems of professional practice. Moreover, I believe we also need them, as we need a scientific base within an interest group within the APA.

Retaining the present Division of Clinical Psychology could solve several problems for clinical psychology as a whole: (1) it provides a scientific base in a broad interest group with which we are all affiliated; (2) if associates were admitted to the Division, it would offer membership in a national organization to those non-Ph.D.'s who are working in clinical psychology, but who are not qualified for voting membership in the APA (A separate and competing national organization of this group could cook our geese very effectively for years to come).

My suggestion, too long delayed, follows. Let us retain the present Division 12, but change the By-Laws to admit associates. Let us organize within Division 12 an "*American Society of Clinical Psychology*" with membership open to Ph.D.'s professionally qualified to practice clinical psychology. The final name of the group and the details of organization can be worked out by any "constitutional committee."

All members of the ASCP would also be Members or Fellows of Division 12. ASCP would have its own officers and committees, and could levy special dues on its membership. It would share program time with Division 12. It would elect its own members to the APA Council of Representatives in proportion to its membership in Division 12, but ASCP members could vote only for ASCP Representatives. If at some future time the tie with Division 12 became unwieldy, an organized group would already be active, and could, with little difficulty, become an independent division of the APA—if it could find a name as sweet.

Although the suggestion for an American Society of Clinical Psychology may appear complex, in reality it is not. For the reality of the world of organizations lies primarily in recognition of the fact that a vigorous, cohesive group which *is* formally organized, can provide vigorous action. Which is what clinical psychology needs.

Victor Raimy

BY-LAW CHANGES

The Executive Committee at its September 3, 1960 meeting instructed Nicholas Hobbs and Sol Garfield to prepare two proposed changes in the Division By-laws. *Change Number 1*: One of these changes is necessitated by a recent change in the APA By-laws which was approved by the membership by mail vote. This change in Article 1, Objects, of the APA By-laws, involved the deletion of the word "profession" from the primary statement of the objectives of the Association. This was done "because we (APA) are advised by legal counsel that before tax authorities the word 'profession' has connotations closer to 'business organization' than to 'scientific organization.' The removal of the word 'profession' is based on an attempt to avoid misunderstanding and represents no basic change in policy of the Association. The APA is not a business organization and should not be perceived as such."

It should be made clear to the membership of Division 12 that this change has already been overwhelmingly approved by the membership of APA. All of the divisions in turn have been asked to make whatever changes in division by-laws are necessary in order to have them comply with the change in APA By-laws. (A more extended account of this change was presented in the February 1960 *American Psychologist*, page 136.) The new Objects in the APA By-laws is now as follows:

BYLAWS OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

(As amended through September, 1960)

ARTICLE I

Objects

1. The objects of the American Psychological Association shall be to advance psychology as a science and as a means of promoting human welfare by the encouragement of psychology in all its branches in the broadest and most liberal manner; by the promotion of research in psychology and the improvement of research methods and conditions; by the improvement of the qualifications and usefulness of psychologists through high standards of professional ethics, conduct, education, and achievement; by the increase and diffusion of psychological knowledge through meetings, professional contacts, reports, papers, discussions, and publications; thereby to advance scientific interests and inquiry, and the application of research findings to the promotion of the public welfare.

In keeping with this change your Executive Committee recommends that Article I, 2 of our present By-laws ("The purposes of this Division shall be to advance scientific inquiry and professional practice in clinical psychology as a means of furthering human knowledge and welfare.") be revised as follows: "AS A DIVISION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION, THE PURPOSES OF THE DIVISION SHALL BE TO FORWARD THE OBJECTIVES OF THE APA AS THEY APPLY TO THE FIELD OF CLINICAL PSYCHOLOGY."

It is obvious that we must modify our By-laws to conform with the change in the APA By-laws since we are a division of the APA. A majority of the Division 12 Executive Committee approved and recommended this change. On the other hand, two members of the Executive Committee were somewhat unhappy about this change. While going along with the necessity of approving such a change there was some concern about whether there might be a lessening of emphasis on professional activities in both APA and Division 12. On the surface it might appear as if there was a general trend toward focusing primarily on the scientific when at the same time the Division may move to become more involved with professional activities. It is our view that while there may well be an issue here it cannot be solved at the present time. There is nothing in the APA statement which definitely implies a change in the activities of the Association. Because of this it is the Executive Committee's recommendation that the By-law change as listed above be approved to conform with the APA By-law change.

Change Number 2

The program committee of the Division now consists of three members: the Divisional President-Elect and two other members, one of whom shall be appointed each year to serve for a term of two years. The current article VII, 5 is as follows: "The Program Committee shall consist of three members: The Divisional President-Elect who shall serve as chairman, and two other members one of whom shall be appointed each year to serve for a term of two years. The Secretary-Treasurer shall be a member ex-officio without vote. It shall be the duty of the Program Committee to solicit, evaluate, and select scientific and professional contributions to the annual meeting program, in coordination with the Convention Program Committee of the Association."

Because of the geographical spread of the Program Committee it has been difficult to engage the whole committee in program planning. The quality of our annual program could probably be improved if it were possible for the Program Committee to have frequent meetings. Furthermore there are disadvantages in having as chairman of the committee (the President-Elect) a person who may not have participated in Executive Committee discussions of program matters. The Executive Committee, therefore, recommends that the composition of the Program Committee be changed as indicated in the following proposed revision of the by-laws:

"ARTICLE VII, 5. THE PROGRAM COMMITTEE SHALL CONSIST OF THREE MEMBERS: A SECOND-YEAR MEMBER OF THE EXECUTIVE COMMITTEE, WHO SHALL SERVE AS CHAIRMAN, AND TWO OTHER MEMBERS WHO RESIDE IN HIS VICINITY TO BE APPOINTED BY THE EXECUTIVE COMMITTEE IN CONSULTATION WITH THE CHAIRMAN. THE PROGRAM COMMITTEE SHALL SERVE FOR ONE YEAR." (The description of the functions of the program committee remains unchanged.)

Sol Garfield
Nicholas Hobbs

WHAT IS IT WORTH?

(A committee, composed of Ed Bordin, Chairman, Bob Holt, and Joe Sanders prepared the following report in collaboration with Jim Miller and Lowell Kelly.)

The growing complexity and volume of professional concerns of clincal psychologists has resulted in increasing dissatisfaction with what is conceived as inadequate attention to these issues coming from the combined efforts of the APA and our Divisional officers and committees. Criticisms focus on the problems of interprofessional relationships, certification and licensure, and others particularly those inherent in the mushrooming private practice by clinical psychologists, all of which are involved in clarifying and making more salient our professional identity.

This dissatisfaction has resulted in the suggestion that the Division's special assessment be increased to finance expansion in our activities under the full or part-time leadership and services of an Executive Secretary. He would need increased secretarial assistance, travel funds and supplies. We have estimated that a special assessment of $12.00 will make possible the appointment of a full time Executive Secretary with a budget for a secretary, travel funds, and incidental expenses.

In summary, those who favor a maximum increase argue as follows:

1. The present duties of the Secretary-Treasurer make demands on his time that far exceed what he can be expected to volunteer.

2. Most of the kinds of new programs that have been considered in recent years, e.g. converting the granting of divisional membership into a form of certification of professional competence, even if adopted, could not be initiated or administered without a full-time officer.

3. The Division functions and must continue to function as the major spokesman for clinical psychologists in issues of national and state legislation and in the courts.

The arguments for status quo or for a more modest increase run as follows:

1. APA is the most powerful spokesman for psychologists. Therefore, we should not divert too much of our money and efforts from this channel.

2. Most of the problems now being neglected at the APA level are indigenous to particular states and are best dealt with by strong state organizations supported by the Board of Professional Affairs.

3. With the spread of state certification laws and with ABEPP the certification of professional competence by the Division is an unnecessary and wasteful expenditure of time and energy.

VOTE ON THIS ISSUE TODAY!

(See Page 17)

BALLOT ON BY-LAW CHANGES

(Read article on By-Law changes before voting.)

CHANGE NO. I

Article I, 2 currently reads: ("The purposes of this Division shall be to advance scientific inquiry and professional practice in clinical psychology as a means of furthering human knowledge and welfare.")

Change To: "As a Division of the American Psychological Association, the purposes of the Division shall be to forward the objectives of the APA as they apply to the field of clinical psychology."

For .....

Against .....

CHANGE NO. II

Article VII, 5 currently reads: ("The Program Committee shall consist of three members: The Divisional President-Elect who shall serve as chairman, and two other members, one of whom shall be appointed each year to serve for a term of two years. The Secretary-Treasurer shall be a member ex-officio without vote. It shall be the duty of the Program Committee to solicit, evaluate, and select scientific and professional contributions to the annual meeting program, in coordination with the Convention Program Committee of the Association.")

Change To: "The Program Committee shall consist of three members: a second year member of the Executive Committee, who shall serve as chairman, and two other members who reside in his vicinity to be appointed by the Executive Committee in consultation with the chairman. The Program Committee shall serve for one year. It shall be the duty of the Program Committee to solicit, evaluate, and select scientific and professional contributions to the annual meeting program, in coordination with the Convention Program Committee of the Association."

For .....

Against .....

RETURN BY MARCH 21, 1961 TO:
Sol L. Garfield, Ph.D.
Nebraska Psychiatric Institute
602 S. 44th Avenue
Omaha 5, Nebraska

ADVISORY POLL ON ANNUAL ASSESSMENT

(Read *What Is It Worth?* before voting.)

In accordance with a motion passed by the membership at the annual meeting, you are being polled on your attitude toward an increase in the Division's *annual assessment*. You are offered the choice of three levels of assessment:

$12.00 should permit a full-time Executive Secretary, a secretary, travel funds and other incidental expenses. Such a functionary would conduct membership drives, edit the *Newsletter*, spark the activities of all committees as an ex-officio member, carry on general correspondence as the present secretary does, administer the membership committee, and play a leading role in the initiation of new programs relevant to professional practice.

$ 9.00 would make possible a partial achievement of the above program.

$ 3.50 keeps the Division's paid staff at its present level.

WHICH ALTERNATIVE DO YOU FAVOR?

(Check One)

$12.00 _____

$ 9.00 _____

$ 3.50 _____

For an accurate estimate of how much an assessment will bring in, we would need to know how many members will withdraw in response to an increase.

(Check One)

_____ If the assessment is raised to $12.00, I will resign from the Division.

_____ If the assessment is raised to $9.00 (or more), I will resign from the Division.

_____ I will not resign from the Division regardless of any increase up to $12.00.

Comment: _____

_____

_____

_____

TEAR OUT AND MAIL TODAY. TURN OVER FOR THE NOMINATING BALLOT. BE SURE TO RETURN THIS SHEET TO THE SECRETARY-TREASURER. WE WANT ALL MEMBERS TO VOTE ON THE ABOVE ISSUES.

NOMINATION BALLOT

Division 12, APA

(Read report of Committee on Nominations and Elections before filling in.)

Must be returned by March 21, 1961, to:
Sol L. Garfield, Ph.D.
Nebraska Psychiatric Institute
602 South 44th Avenue
Omaha 5, Nebraska

Please list names in order of your preference:

PRESIDENT-ELECT

1. _____
2. _____
3. _____

SECRETARY-TREASURER

1. _____
2. _____
3. _____

REPRESENTATIVE TO COUNCIL

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

REPORT OF THE COMMITTEE ON NOMINATIONS AND ELECTIONS, DIVISION OF CLINICAL PSYCHOLOGY

January, 1961

After a lengthy discussion of what can be done to improve our procedures for nomination and election of officers, so that a higher percentage of the membership participates in this function and a broader range of candidates are reviewed, the Executive Committee in 1958 established the policy that, in the future, the Committee on Nominations and Elections prepare an advisory list to accompany the nomination ballot published in the *Newsletter*. This list is to be drawn up from Committee sources, from a prior *Newsletter* poll, and from runners-up in previous voting. Specifically, the Committee is asked to publish in the winter issue of the *Newsletter* two lists of names for consideration by the membership as they fill out nomination ballots: (1) names of members who have served the Division in other capacities and might be considered for more responsible positions, and (2) names of members who have participated less in official positions but might well be brought more fully into Division activities. In preparing these lists, it was recommended that the committee use four sources: (1) its own observations of individuals, (2) lists of runners-up in the previous year's ballot, (3) lists of former officers and committee members of the Division, and (4) letters from members in response to an invitation published in the Autumn *Newsletter*. The Committee will also publish a list of names of individuals ineligible for specific office because of past service in these.

In the Autumn *Newsletter*, a request for suggestions from members was published in line with this policy. We received six letters suggesting 13 names.

The Committee has now prepared lists for guidance of the membership in making nominations. We sincerely believe that all these people are good candidates for positions as officers of the Division. In the past only a small minority of the Division participated in the nominations of officers. If your officers are to be widely representative of Division interests, broader participation in the nomination process as well as the election function is essential.

This year we are to elect one person (who must be a Fellow of the Division) for the combined office of President-Elect and Division Representative to Council. This person will replace Dr. Robert Holt, our current President-Elect, who will become President. We also are to elect two Division Representatives to Council, to replace Drs. Harrison Gough and Victor Raimy, whose terms expire.

To assist you in making your decisions concerning nominations, we are providing the following lists, as outlined above. All of these people have served the field of psychology well, and give real promise of being good officers of the Division. There is, however, no intent to limit the nominations to individuals on these lists, which are for your guidance and reference only. A wide range of nominations is desirable, and you are requested to take full advantage of your privilege to nominate the people you want to represent you. It will be of help to the Nominations and Elections Committee if your ballot is accompanied by biographical information regarding nominees not on lists below.

Harrison G. Gough
Julius Laffal
Victor C. Raimy
Clarence L. Winder
E. Lowell Kelly, Chairman

PAST AND CURRENT PRESIDENTS

(Not eligible for nomination as President-Elect, but eligible for nomination as Council Representative.)

Edgar A. Doll
Lawrence F. Shaffer
David Shakow
David Wechsler
Carl Rogers
Norman Cameron
Samuel J. Beck
O. Hobart Mowrer
William A. Hunt
Harold M. Hildreth
Jean W. MacFarlane
George A. Kelly
Anne Roe
James G. Miller
E. Lowell Kelly
Nicholas Hobbs

PAST SECRETARY-TREASURERS

Anne Roe
Harry McNeill
Ann Magaret Garner
Ivan N. Mensh

FORMER AND CURRENT EXECUTIVE COMMITTEE MEMBERS

(Who know Division 12 needs from experience. Those whose terms expired a year or more ago are eligible for election to the Council.)

John E. Bell
*Edward S. Bordin
Margaret Brenman
*Sol Garfield
Ann M. Garner
*Harrison G. Gough
Florence C. Halpern
Robert E. Harris
Starke R. Hathaway
*Nicholas Hobbs
*Robert Holt
*E. Lowell Kelly
George S. Klein
Samuel Kutash
Boyd McCandless
Ivan N. Mensh
James G. Miller
*Victor C. Raimy
David Rapaport
Thomas W. Richards
*Eliot H. Rodnik
*Anne Roe
Saul Rosenzweig
Julian B. Rotter
Roy Schafer
Edward J. Shoben, Jr.
*William U. Snyder
Robert I. Watson
Joseph Zubin

*Now serving as Council Representative, so ineligible for re-election this year.

COMMITTEE CHAIRMEN FROM 1950 TO 1961

(Have served the Division, but have not been members of the Executive Committee.)

Donald Adams
John Barry
Robert G. Bernreuter
Sidney Bijou
Arthur J. Bindman
Joseph M. Bobbitt
Katherine Bradway
Bettye M. Caldwell
Louis D. Cohen
Rex Collier
Ethel L. Cornell
Gordon F. Derner
Allen T. Dittman
Paul E. Eiserer
Albert Ellis
Stanley G. Estes
Ben C. Finney

SOL L. GARFIELD, Ph.D.
Nebraska Psychiatric Institute
602 S. 44th Avenue
Omaha 5, Nebraska

FORM 3547 REQUESTED

(Committee Chairmen, Cont.)

Donald Grummon
Ralph W. Heine
Karl F. Heiser
William Henry
Arnold Hilden
Milton Horowitz
H. Max Houtchens
Ruth Hubbard
A. L. Hunsicker
Thelma Hunt
Max Hutt
Joseph Jastak
Marshall Jones
Goldie Kaback
George W. Kisker
Ija N. Korner
Louis S. Levine
Kenneth Little
Bernard Locke
Maurice Lorr
Stanley Marzolf
W. Mason Mathews
Herman B. Molish
Frances Montalvo
T. E. Newland
Ernest T. Newman
Lawrence I. O'Kelly
Frances C. Perce
Albert I. Rabin
W. Reichenberg-Hackett
Gertrude Reiman
Eli H. Rubenstein
Emanuel K. Schwartz
Pauline S. Sears
Julius Seeman
Saul B. Sells
Edwin S. Shneidman
Irving Simos
William Sloan
William Snyder
Charles R. Strother
Hans Strupp
Donald E. Super
Keith Sward
Clare W. Thompson
Helen Thomson
Howard White
Walter Wilkins
Robert A. Young

Other names suggested for consideration by the Nominations and Elections Committee and by other members of the Division.

George W. Albee
Harold H. Anderson
Frank Auld, Jr.
David P. Ausubel
Lawrence M. Baker
Robert R. Blake
Theodore H. Blau
Jack Block
Gerald S. Blum
Joseph E. Brewer
Roy E. Buehler
Arnold H. Buss
Wendell R. Carlson
Hubert S. Coffey
James C. Coleman
W. Grant Dahlstrom
Ralph Mason Dreger
Harold J. Fine
Leonard D. Eron
Sibylle E. Escalona
Norman Garmezy
Halm G. Ginott
Leonard Goodstein
Harry M. Grayson
Ward C. Halstead
Roy M. Hamlin
Dale B. Harris
Robert E. Harris
W. J. Humber
Howard F. Hunt
J. McV. Hunt
Oliver J. B. Kerner
Irwin J. Knopf
Albert C. Kostian
Leopold Bellak
Arthur L. Benton
Irwin A. Berg
Bruno Bettleheim
John D. Black
Richard S. Lazarus
Donald B. Lindsley
Abraham S. Luchins
Donald W. Mackinnon
Robert B. Malmo
George Mandler
Joseph D. Matarazzo
Rollo R. May
Harry V. McNeil
Paul Meehl
Daniel R. Miller
Ruth L. Munroe
Robert C. Nichols
Leslie Phillips
Fritz Redl
Jesse B. Rhinehart
Alan O. Ross
Seymour B. Sarason
R. Nevitt Sanford
William F. Soskin
L. Joseph Stone
Patrick L. Sullivan
Frederick G. Thorne
George S. Welsh
Heinz Werner
Robert W. White
Robert D. Wirt
John R. Wittenborn

MAIL YOUR BALLOT TODAY!

(See Pages 17-18)